

MOHS MICROGRAPHIC SURGERY POLICY

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Related Policies

None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

OVERVIEW

This policy describes reimbursement guidelines for reporting Mohs Micrographic Surgery which includes both the excision and pathology services.

All services described in this policy may be subject to additional Oxford Reimbursement Policies.

REIMBURSEMENT GUIDELINES

The policy enforces the reimbursement requirements for reporting Mohs Micrographic Surgery, also referred to as Mohs or MMS.

Mohs is a precise, tissue-sparing, microscopically controlled surgical technique used to treat selected skin cancers. It is an approach that aims to achieve the highest possible cure rates, and minimize wound size and consequent distortions at critical sites such as the eyes, ears, nose, and lips.

Mohs is a two-step process:

- The tumor is removed in stages, followed by immediate histologic evaluation of the margins of the specimen(s).
- Additional excision and evaluation is performed until all margins are clear.

Per the American Medical Association (AMA), Mohs requires the integration of an individual functioning in two separate and distinct capacities: surgeon and pathologist. If either of these responsibilities is delegated to another physician or other qualified health care professional who reports the services separately, the Mohs CPT codes (17311-17315) should not be reported. Therefore, Mohs codes (17311-17315) will be denied if another physician or other qualified health care professional reports their services separately. The surgeon may submit a claim with the correct excision or biopsy code (Ex: 11641) for the service performed.

The AMA also indicates that pathology examination of the specimen is an inclusive component of Mohs and should not be separately reported by the Mohs surgeon. If a separate pathology code is submitted for the same date of service as Mohs by the same provider and records do not indicate the pathology was related to a biopsy or excision performed distinctly separate from the Mohs tumor site, the pathology code will be denied as included in the Mohs surgery.

The Centers for Medicare and Medicaid Services (CMS) indicates that only physicians (MD/DO) may perform Mohs services. A physician performing Mohs should be specifically trained and highly skilled in Mohs techniques and pathologic identification. The operative note and pathology documentation in the patient's medical record must clearly show the Mohs service was performed using accepted Mohs technique, with the physician performing both the surgical and pathology services.

In addition, the Health Insurance Portability and Accountability (HIPAA) standard taxonomy code set categorizes the Mohs Micrographic Surgery specialization under Allopathic and Osteopathic Physicians. The code set further defines this provider specialty as highly trained surgeons who are specialists both in dermatology and pathology and have completed fellowship training. Mohs CPT codes reported by non-MD/DO provider specialties will be denied as incorrect coding.

DEFINITIONS

Histopathology: The branch of histology that includes the microscopic examination and study of diseased tissue.

Mohs Micrographic Surgery: A technique for the removal of complex or ill-defined skin cancer with histologic examination of 100% of the surgical margins.

National Uniform Claim Committee (NUCC): The National Uniform Claim Committee (NUCC) was created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers. The committee is chaired by the AMA, but also consists of representation from CMS and other health care industry stakeholders. The HIPAA standard Health Care Provider Taxonomy code set is maintained by the NUCC.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(2) (e.g., hematoxylin and eosin, toluidine blue), head neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks
17312	each additional stage after the first state, up to 5 tissue blocks (list separately in addition to code for primary procedure)

CPT Code	Description
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
17314	each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)

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QUESTIONS AND ANSWERS

1	Q:	A dermatologist excised a malignant lesion and had the tissue examined by a separate pathologist in the same office complex to ensure clear margins. The pathologist billed separately for their services. May the dermatologist report CPT code 17311 for the surgical service?
	A:	No, Mohs requires that a single physician act as both surgeon (excision tissue) and pathologist (immediately examining excised tissue to determine clear margins). Per CPT, if either of these responsibilities is delegated to another physician or qualified health care professional who reports the services separately, the surgeon should report the appropriate excision or biopsy code such as CPT codes 11600–11646 or 11102–11107.
2	Q:	A dermatologist performed Mohs surgery on the patient’s cheek and also performed the pathology services. May the dermatologist bill for both services performed: the Mohs surgery and the pathology?
	A:	No, the pathology examination of the specimen is an inclusive component of the Mohs surgery and should not be reported separately.

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2019R6008A]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2020	<ul style="list-style-type: none"> New Reimbursement Policy